



Pre-Amendment  
#4  
T.D.  
05/19/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant :Graham H. Thompson  
Serial No. :09/740,221  
Filed :December 19, 2000  
For :COMMUNICATION SYSTEM ARCHITECTURE  
FOR VOICE FIRST COLLABORATION  
Atty. Docket :SMBZ 2 00910

RECEIVED  
MAY 16 2003  
Technology Center 2100

PRELIMINARY AMENDMENT

Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-identified application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of  
this paper.

05/21/2003 TDAE1 00000001 060308 09740221  
01 FC:1202 180.00 CH

Fee:  
(Paid on Transmittal)  
N:\SMBZ\200910\emc0141A.doc

1

I hereby certify that this correspondence is being deposited  
with the United States Postal Service as first class mail in  
an envelope addressed to Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450

on 5-9-03

E. Cheever  
(SIGNATURE)  
5-9-03

Applicant :Graham H. Thompson

Serial No. :09/740,221

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:COMMUNICATION SYSTEM ARCHITECTURE  
FOR VOICE FIRST COLLABORATION

ASST. COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

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Technology Center 2100

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	30	Minus	20	10	\$18	180
Indep. Claims	8	Minus	4	4	\$84	336
Total Additional Fee For this Amendment --->						336

- \* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5  
\*\* If the "Highest No. Previously Paid For" is less than 20 write "20".  
\*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

X  A check in the amount of \$  336  to cover the required Fee is enclosed.

X  **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, **during the entire pendency of the application**, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308.  
This transmission form is submitted in triplicate.

05/14/2003 SHINASS1 00000108 09740221

01 FC:1201

336.00 OP

FAY, SHARPE, FAGAN, MINNICH  
& McKEE, LLP

By:   
James W. McKee

Reg. No. 26,482

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